MAY 04 2018

UNITED :	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name:	SETA GROSSMAN	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Sta	Staff Filer Type (If Applicable): Shared Principal Assistant to brace 3/, 20/7	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
RELIMIN	RELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUESTIONS	
A. Did you, yo a. Own any end of th b. Receive asset du	 A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No
C. Did you or you honoraria, or pen reporting period?	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, yo liability (more	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
	ATTACH THE CO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	NSWER "YES" EQUIRED TO COMPLETE
XCLUSI	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT		H OF THESE QUESTIONS
TRUSTS - Du	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need	not be disclosed. Have you excluded Yes 🔲 No 💢
EXEMPTION exemption?	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	pilities of a spouse or dependent child	because they meet all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: SETA GAOSS MAN Page_ a

BLOCK A	BLOCK B	вгоск с	BLOCK D
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.	
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	-		
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	P		Current Year
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		me)	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		ne or Farm Inco	
Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		Partnership Incor)*
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.			\$1,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,000 \$50-000 \$100,000 -\$250,000 -\$1,000,000 11-\$5,000,000 11-\$25,000,000 101-\$50,000,000	T GAINS EO/BLIND TRUS ERRED	2,500 3,000 15,000 15,000 100,000 \$1,000,000 11-\$5,000,000 C Income over \$ 00 2,500 5,000 5,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,	TAX-DEF	\$1,000,00 Over \$5,0 Spouse/D None \$1-\$200 \$201-\$1,0 \$1,001-\$2 \$2,501-\$5 \$5,001-\$1 \$15,001-\$ \$100,001-\$1
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Name: JEW GNOSSMAN Page of 10

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SCHEDULE C - EARNED INCOME

Name: SETH GUSSIMIN Page (of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

LAW PROTICE MULLIPLE Examples ATHINITY CAPE COMM COLLEGE ECC Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education HIMBOR TUP PUBLIC SCHOOLS 5 tra120 Showsen Spring BUSINESS Honorarium Salary Type \$9,000 051 Current Year to Filing \$20,000 \$0 Amount \$53,400 723,000 2 of poding Year 8400

SCHEDULE D - LIABILITIES

exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting periodo period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and *Column K is for liabilities held solely by your spouse or dependent child.

			S		SP, DC, JT		
		With	Joy	Example	-		
		WILLS FANGO MITG	has known	First Bank of Wilmington, DE	Creditor		
		6/2017		5/98	Date Liability Incurred MO/YR		
	11-41-1	MOJENGE OF HELMAN		Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					Over \$50,000,000	٠	
		,			Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

B=W JUNIN SYNAGOGUE	BOND MEMBER
911 hibersond hines17	EXEC DIRECTOR
Name of Organization	Position

SCHEDU

SCHEDU	SCHEDULE F - AGREEMENTS	Name: SETY GNUSSOUND	Page O of
Identify the d continuation employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation i employer.	ave with respect to: future employment; a leave of absence during the period of government service: vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	riod of government service; an maintained by a former
Date	Parties to Agreement	Terms of Agreement	
	- Inou		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	d City/State)	Brief Desc	Brief Description of Duties
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